

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/725,526		
	Filing Date	December 3, 2003		
	First Named Inventor	Raymond Orr		
	Title	DISTRIBUTED POWER SUPPLY ARRANGEMENT		
	Examiner Name	Michael R. Wallis		
	Attorney Docket Number	5510P181		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

08791

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

08791

OR


<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone			Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 C.F.R. 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Clifford J. Walker	Date	3-31-10
Title & Company:	VP Corporate Development, Power Integrations, Inc.		
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</small>			

☒ *Total of 1 forms are submitted

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.